

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		①				
7	1		1			
8		1				
9		1				
10		2				
11		2				
12		①				
13	1		1			
14		1		1		
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47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	15		11			
TOTAL	18		14			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						